

Development, equity, gender, health, poverty and militarization: Is there a link in the countries of West Africa?

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Response to Armina Mama

Abstract

This paper briefly explores issues around development, equity, gender, health, poverty and militarization in the West African sub-region and asks whether there are links between these concepts in the sub-region that merit further exploration. It is a response to the paper by Armina Mama (2012) in this series entitled: “Beyond survival: Militarism, equity and women’s security”. The paper starts with a summary of the understanding with which the terms equity and development will be used. It then proceeds to use some available development indicator data for the sub-region to explore the issues. The treatment of the data is essentially qualitative, exploratory and inductive. The aim is to raise ideas for further exploration to develop theory rather than to make any deductive inferences or provide statistically generalizable results. The paper concludes by suggesting themes for further exploration, research and interventions related to development and equity in the West African sub-region.

A kingdom can endure with unbelief, but it cannot endure with injustice
(Shehu Usman Dan Fodio²)

By justice a king gives a country stability, but one who is greedy for bribes tears it down
The wealth of the rich is their fortified city, but poverty is the ruin of the poor
(King Solomon³)

Introduction

Sub-Saharan Africa is a region that continues to lag behind much of the world in development indicators. Within this region, the fifteen countries that make up the West African sub-region - Benin, Burkina Faso, Cape Verde, Côte d’Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal and Sierra Leone - include some of

¹ Seventh holder of the Prince Claus Chair, 2008-2010.

² Founder of the Sokoto Caliphate and religious teacher, writer and Islamic promoter. Quoted in Maier (2000: 143).

³ King of ancient Israel. Proverbs 29:4 and Proverbs 10:15. New International Version of the Bible.

the poorest countries in the world. Many are classified as low income by the World Bank and the rest as lower middle income. This paper is an exploratory and qualitative reflection and “think piece” with an inductive approach, with the aim to stimulate thinking for theory building and further exploration rather than an exhaustive analysis. Central to the paper are the concepts of equity and development around which the Prince Claus chair is built. It is a response to some of the issues raised in the paper by Mama (2012) entitled “Beyond survival: Militarism, equity and women’s security”.

Equity

Equity, justice and fairness are concepts with similar meanings. The Chambers (2006) dictionary defines *equity* as “the right as founded on the laws of nature; moral justice, of which laws are the imperfect expression; the spirit of justice which enables us to interpret laws rightly” and *justice* as “the quality of being fair and impartial; integrity, impartiality, rightness, the awarding of what is due; the administration of law”. *Fairness* has to do with impartiality, justice and equity. Equity is related to the distribution of resources, gains, losses, rewards, punishment etc. in societies and social relationships. In this paper, I will use the terms fairness and justice interchangeably.

The fairness of final distribution as well as procedures for final distribution is equally important in assessments and perceptions of equity (Leventhal 1976). Equity is thus a state (distributional) as well as a process (procedural). Leventhal describes fairness in distribution as multi-dimensional. One dimension involves the perceived fairness of the criteria used for distribution. However, beyond criteria, another dimension is that the relative weights awarded to each criterion matter in determining fairness. Finally, the final distribution of rewards, punishment and resources that arises when these criteria and the weights attached to them are applied also matter. Procedural fairness, on the other hand, refers to the procedures and processes that are followed to arrive at the final distribution. Distribution as well as procedure rules are important for final outcomes to be seen as fair.

Justice (fairness), has been a concern of great teachers across continents and cultures over the ages. Within West Africa, Usman Dan Fodio (1754-1817) – founder of the Sokoto Caliphate in West Africa and renowned religious teacher, writer and Islamic promoter – is reported to have stated that “[A] kingdom can endure with unbelief, but it cannot endure with injustice” (Maier 2000). It is of interest that in his promotion of education, literacy and scholarship, he included women and educated his own daughters. Several of the proverbs of Solomon, legendary King of ancient Israel over three thousand years ago, famous for his wisdom, deal with justice and governance.

Equality and equity are both used in the development literature. Though related, they are not identical concepts. Equal is not necessarily equitable and an inequality is not necessarily an injustice. An inequality is merely a difference in distribution that could be fair or unfair. For example, spending more of the health budget on those who legitimately need more health care – e.g. children with sickle cell disease or pregnant women – will be perceived by many people as equitable despite the fact that it involves an unequal allocation of resources (an inequality). However, many inequalities can be an indication that there is some unfairness in the way society is allocating benefits. In terms of measurement within populations, inequalities are often used as proxy indicators for inequities because they are more quantifiable. It is an imperfect approach, but the more complex construct of equity requires in-depth “thick” descriptions with many contextual nuances to be taken into account that are not always easy to “measure”. It can be done with case study approaches, but is difficult in multiple country comparisons of the complex social, cultural and economic constructs that make up “development”. This probably

accounts for the fact that many development indicators measure equality rather than equity. Despite the limitations of the equality approach, the data that is readily available in the literature is predominantly of this kind. In my subsequent explorations and discussions, while recognizing the limitations, I will use some of the data on inequalities from countries in the West African sub-region – as a proxy for exploring equitable development in the sub-region.

Development

Development can be conceptualized as a state but also as a process of change that is perceived as good or positive. In that sense, it is a process that involves bringing out what is latent in an individual or society to move them towards a more advanced state of their full potential (Chambers 2004). In terms of human societies, development has to do with a progression towards qualitative as well as quantitative improvements in the context as well as in the human experience of living. Quantitatively, efforts are made to assess national and regional development using measurements of nutritional status, income, education and literacy, security, access to health services, women's status etc. Given that it is a state as well as a process, development is often expressed in terms of current status as well as progression in levels of selected indicators. The World Development Indicators for example express and compare average incomes, literacy levels, etc. for the different nations of the world. Gender is a concept of increasing importance in the concept of development, and the World Development Report 2012 (World Bank 2012) argues that gender equality is a core development objective in its own right.

The notion of human development covers all aspects of individual well-being and encompasses health status as well as economic and political freedom. The 1978 Alma Ata declaration of Primary Health Care (WHO 1978) defined health as “(...) a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity”. This is a broad conceptualization that overlaps the concept of human development. The recognition of this is clear in the declaration, which goes on to state that the realization of this definition “(...) requires the action of many other social and economic sectors in addition to the health sector”. The current literature, concepts and work related to the social determinants of health recognize this similar broad conceptualization of health and the major overlaps with the concept of human development. Health is affected by the social, economic, political and cultural context in which people live their lives as well as the individual life choices they make. There are also systems outside of the health systems such as education, water and sanitation etc. whose performance affects achievement of health goals (Marmot 2005; CSCH 2008).

Economic growth is clearly important in and tied to development. To quote the 1996 Human Development Report, “human development is the end – economic growth is the means” (UNDP 1996). However, our discussion and analysis in the next section shows that economic growth alone is not enough.

Equitable development, poverty and gender in the West African sub-region

The term “equitable development” involves a fusion of the two distinct concepts of “equity” and “development” around which the Prince Claus chair is built. Despite their distinctness, the two concepts are often used together in the development literature because a strict separation becomes rather artificial. Both concepts are relativist in that their construct or interpretation in a given context is to some extent subject to the perceptions of the interpreter. Thus, indicators to measure either concept as well as agreements on which indicators to use for measurement and or comparison are all relative.

Many indicators of development are also indicators of health and vice versa. This is not surprising given the importance of the social determinants of health. Many of the major

improvements in health indicators in Europe and North America preceded the onset of modern medical interventions. Health improved in response to improvement in environmental and social indicators such as incomes, nutrition, water, sanitation, literacy and status of women. Tables 1 and 2 (Appendix 1) summarize selected current development and inequality indicators for the countries of the West African sub-region. Infant mortality ranges from a low of 50 deaths per 1,000 live births in Ghana and Senegal to as high as 114 per 1,000 live births in Sierra Leone. All countries show gender gaps in net secondary school enrolment, with girls trailing behind boys in all cases. For the countries where data is available, the figures range from a low of 7% for girls and 12% for boys in Guinea Bissau to a high of 44% for girls and 48% for boys in Ghana. The population estimated to be living on less than US\$2 per day ranges from the lowest estimate of 46% in Côte d'Ivoire to as high as 95% in Liberia (PRB 2012).

Figure 1 displays graphically a simple analysis of gender inequalities in net secondary school enrolment (% of males and females enrolled and the difference between the two percentages) in the countries of the sub-region. There are wide gender inequalities within the countries. There are also inequalities across the countries of the sub-region. The countries have been arranged in the figure, from Liberia with the lowest per capita Gross National Income (GNI) as measured in terms of Purchasing Power Parity (International) (416 PPP\$) and Nigeria with the highest (2,363 PPP\$). The graph does not show any clear pattern or relation with income. It suggests that despite the importance of resources (economic development) for setting up educational systems towards universal literacy and elimination of gender gaps, increased resources alone without an explicit focus on development and equity may not make the needed difference.

Figure 1: Gender inequalities in net secondary school enrolment (%) in West Africa 2009

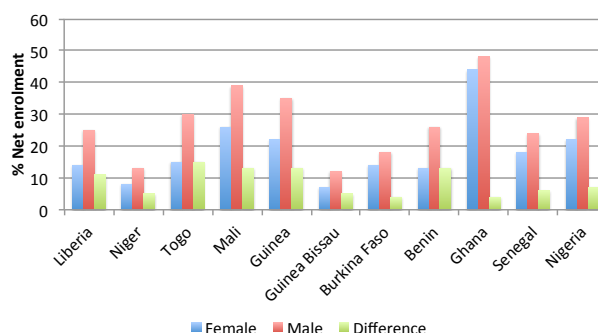


Figure 2a is a scatter plot of GNI per capita and Infant Mortality Rates (IMR) per 1,000 live births for the countries in the sub-region, while Figure 2b shows GNI per capita and Maternal mortality rates (2008) per 100,000 live births. Both figures suggest a weak relationship between the outcomes (IMR) and income. This is similar to observations in other parts of the world.

However, an examination of inequities in access to skilled birth attendants within the countries (Figures 3 and 4) suggests a different but not new story. Figure 3 is a scatter plot of inequalities in percentage of women with access to skilled attendance at birth (measured as the difference between the percentage of women in the richest fifth of the population with access and the percentage of women in the poorest fifth with access) and the per capita GDP PPP\$ in 2010 for the countries in the sub-region. The trend line between the dots has an upward direction, suggesting that the inequalities are worse in the countries with higher incomes. Thus,

though developmentally, the countries with the higher incomes in the sub-region have more women having access to skilled attendants at birth, the gaps between the richest and the poorest are more marked. Figure 4 shows the same data as a bar chart. It would appear that wealth alone, without an explicit focus on equitable development may not lead to the best outcomes.

Figure 2a: GNI per capita and IMR in the countries of the West African sub-region

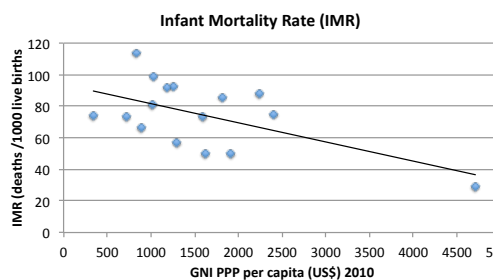


Figure 2b: GNI PPP per capita (US\$) 2010 and MMR 2008 in the countries of the West African sub-region

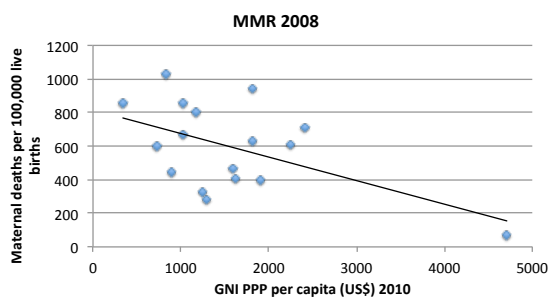


Figure 3: Per capita GDP (2010) and Inequalities in % women with skilled attendance at birth

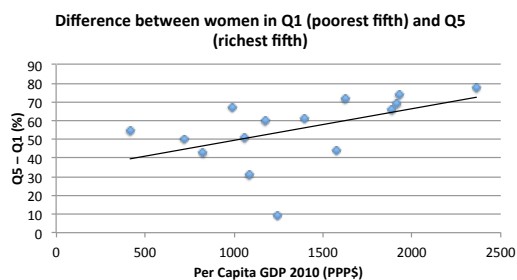
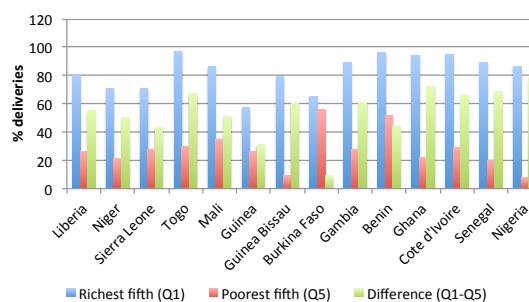


Figure 4: Deliveries by skilled health personnel



Militarization

Mama (2012) in her paper in this volume raises the challenges posed by militarism to equity and development. In her words, “militarism and conflict severely undermine development and exacerbate existing social inequities, particularly those of gender”. In her opinion, militarism under-developed Africa in the colonial era and remains a continuing formidable obstacle to development in the post-colonial era in Africa. She provides examples of the effects of militarism in undermining development and exacerbating social inequities with a special emphasis on gender-related social inequities. She uses two of the wars in the sub-region, Liberia and Sierra Leone, to illustrate. In concluding, she raises and addresses the question of what can be done to address the inequities that have been deepened by militarism and conflict. She suggests that it is important to enable women to lead solutions that bring an end to conflict and enable post-conflict survival and reconstruction. In her words, militarism “constitutes a formidable obstacle to equity, development and freedom” and “existing inequities are significantly worsened by the militarization of the economy and outbreaks of conflict”.

Equitable development will best be promoted in her opinion by a “gendered process of demilitarization”.

I agree with Mama that militarization is a threat to development and equity in the sub-region. The sub-region has been and remains challenged in several countries by protracted national or sub-national armed conflicts and violence for close to a decade or more.

Liberia, Africa’s oldest republic, descended into a destructive civil war in the 1990s. Like other conflicts in the sub-region, it eventually acquired an international dimension with the involvement of West African and UN troops and peacekeepers and the flooding of neighbouring countries with refugees, weapons and fighter spill-over. The conflict is over, but the country has been left in ruins and reconstruction promises to be a long and by no means easy task.

Its neighbour Sierra Leone also descended into conflict in the 1990s, with evidence of links between Liberian fighters and warlords and those of Sierra Leone. Again sub-regional and UN peace keepers were drawn in, as was the colonial power the United Kingdom. Peace has finally come, but like Liberia, reconstruction is not going to be an easy task.

Côte d’Ivoire, one of the most stable countries in the region for several decades, destabilized after the death of its long-time ruler Houphouët-Boigny and descended into a civil war in 2002/3 that left the country divided for several years. After president Laurent Gbagbo refused to accept his defeat in the national elections of 2010, internal conflict erupted once more and he was eventually toppled by force in a major post-election conflict that eventually drew in the colonial power France.

Despite the fact that its civil war ended in the late sixties, the long standing unrest in the Niger delta region of Nigeria and the increasing violence in the North means that to an extent, parts of the biggest country in West Africa, home to 53% of the population in the sub-region, are militarized with effects spilling over into the rest of the country.

From the data examined for this paper, it is not possible to draw generalizable conclusions on whether these four countries in the West African sub-region with long-standing internal conflicts have experienced effects on the health of the population. However, there are indicators that this is an area worth further study and analysis.

Comparison of trends over time for maternal mortality in these four countries with the other countries in the sub-region, suggests that the countries that have experienced protracted conflict may be under-performing relative to other countries in the sub-region at similar income levels on this indicator (see Table 2 in Appendix 1 and Figures 5 and 6). Maternal mortality rose in all these countries in the decade 1990-2000 and is only subsequently showing a gentle decline. Moreover, these countries are driving the sub-regional average, probably because between them they are the home to 62% of the population of the sub-region.

Figure 5: Maternal mortality trends in West African countries with protracted localized or generalized conflict /instability

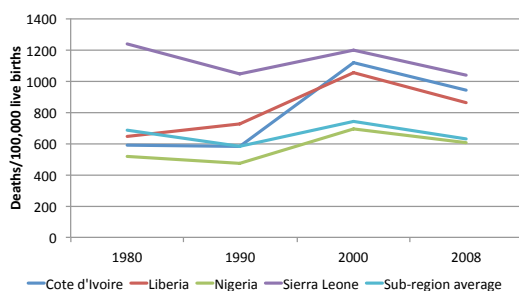
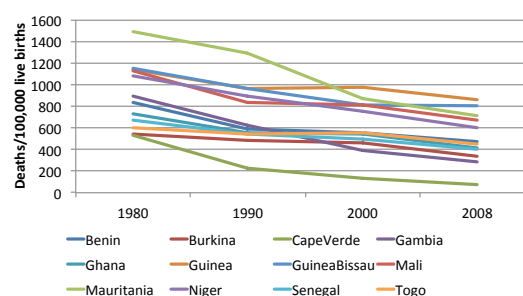


Figure 6: Maternal mortality trends in “non protracted conflict” countries in West Africa



Despite being the wealthiest of the countries in the sub-region, the development indicators of Nigeria, one of the lower middle-income countries in the sub-region, are sometimes at par with some of the poorer countries (Table 1). Moreover, the picture that is in a way similar to that of Côte d'Ivoire, the other lower middle-income country in the sub-region that has experienced significant militarization. Several of the Côte d'Ivoire development indicators e.g. Infant Mortality Rates and Maternal Mortality Ratio are similar to those of the poorer countries in the sub-region. Senegal and Ghana - at similar World Bank income classification levels as Côte d'Ivoire and Nigeria, but which have enjoyed relatively stable democracies over the last several decades and no militarization - have somewhat better indicators, despite the fact that they still have a lot of work to do in terms of equitable development.

Conclusion

When equity is combined with development, the implication is a concern with how the development is distributed at any given point in time and over time and with the fairness of the distribution, rather than purely with the progression in the levels of the average. The limited data set that I have examined for countries in the West African sub-region suggests that the countries in this region need to have an explicit policy focus on development *and* (in)equity. Moreover, they need to establish a continuing comparative analysis of progress towards these goals to inform sub-regional policy. Regional bodies such as the West African Health Organization could be potentially strengthened to play this role. There is a need to deepen the comparative analysis of within-country as well as across-country analysis of indicators of equitable development in the sub-region and use the information to engage in explicit advocacy efforts to get governments to have an explicit focus on “equitable development” rather than just on “development”. Averages hide inequities that are also important in assessing the progress of countries and sub-regions.

Militarization is also a threat to the sub-region as Mama (2012) points out clearly in her paper, and I agree with her observations that as militarization deepens, before, during as well as after conflict, security concerns are likely to displace equity and development agendas. Moreover, resources are increasingly needed to feed the needs of both sides in the conflict. The corruption, cruelty and injustice to local populations - many of them unarmed women and children - that arise from the struggle of powerful armed groups for resources to feed militarization are aptly illustrated by the tragic stories of the role of mineral resources in the conflicts in Sierra Leone and the Congo and oil in South Sudan. Strengthening women in militarized zones is proposed by Mama as an intervention to bring an end to militarization and minimize the post-militarization problems she describes. A comprehensive process of demilitarization in areas of already existing conflict as she recommends, in addition to strategies to prevent new armed conflicts, are indeed the way forward to remove this threat to equitable development.

However, poverty itself, irrespective of conflict, is a major determinant of development and equity. The poorest countries in the sub-region have similar performance indicators, with or without armed conflict and militarization.

The 2012 World Development report (World Bank 2012) argues that gender equality is a core development indicator in its own right. I think the report uses the term equality as a proxy for equity, and in discussing the recommendations I will maintain that understanding. It is important to strengthen women all across the continent to advocate and work for the prevention and reduction of militarization and of poverty and for equitable development. The four priority areas proposed by the 2012 World Development Report for policy to improve gender equality are relevant as interventions to strengthen women in this process:

- (i) reducing excess female mortality and closing education gaps where they remain;
- (ii) improving access to economic opportunities for women;
- (iii) increasing women's voice and agency in the household and in society; and
- (iv) limiting the reproduction of gender inequality across generations.

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Appendix 1

Table 1 Selected development indicators for countries in the West African sub-region

	Population mid-2012 (millions)	% of population in the sub-region	GNI PPP per capita (US\$) 2010	Urban population as % of total	Life expectancy at birth			Total fertility rate	Married women 15-49 using modern contraception (%)	Infant mortality rate (IMR)	Children under age 5 moderately or severely underweight (%) 2011	Per capita government expenditure on health (US\$)	Net secondary school enrolment (%) 2009		Percent of pop. Living on less than US\$2/day 2009
					Both sexes	Male	Female						Female	Male	
Benin	9.4	3%	1590	44	56	54	58	5.4	6	73	20	18	13	26	75
Burkina Faso	17.5	5%	1250	24	55	54	56	6	15	93	26	23	14	18	81
Cape Verde	0.5	0%	4710	62	73	69	77	2.5	57	29	12	108			41
Côte d'Ivoire	20.6	6%	1810	50	55	54	56	4.9	8	86	17	12			46
Gambia	1.8	1%	1300	59	58	57	59	5	13	57	16	13			57
Ghana	25.5	8%	1620	44	64	63	65	4.1	17	50	14	28	44	48	54
Guinea	11.5	4%	1020	28	54	52	55	5.3	6	81	23	3	22	35	70
Guinea Bissau	1.6	0%	1180	43	48	47	50	5.1	14	92	17	5	7	12	78
Liberia	4.2	1%	340	47	56	55	57	5.8	10	74	20	12	14	25	95
Mali	16	5%	1030	33	51	50	52	6.4	6	99	28	18	26	39	77
Mauritania	3.6	1%	2410	42	58	57	60	4.4	8	75	17	14	15	17	44
Niger	16.3	5%	720	20	58	56	60	7	5	73	40	12	8	13	76
Nigeria	170.1	53%	2240	51	51	48	54	5.7	10	88	27	25	22	29	84
Senegal	13.1	4%	1910	42	58	57	59	5	12	50	18	33	18	24	60
Sierra Leone	6.1	2%	830	40	47	47	48	5	7	114	21	5			76
Togo	6	2%	890	37	62	60	65	4.7	13	66	21	7	15	30	69
Sub-region	324	100%	1810	44	54	52	56								

Source: PRB (2012; www.prb.org).

Table 2 Selected inequality indicators for countries in the West African sub-region

	Married women 15-49 using modern contraception (%)		Deliveries attended by skilled health personnel		Share of income or consumption (%) 2000/2010	
	Poorest fifth (Q5)	Richest fifth (Q1)	Poorest fifth (Q5)	Richest fifth (Q1)	Poorest fifth (Q5)	Richest fifth (Q1)
Benin	2	13	52	96	7	46
Burkina Faso	6	36	56	65	7	47
Cape Verde					5	56
Côte d'Ivoire	3	18	29	95	6	48
Gambia			28	89	5	53
Ghana	12	21	22	94	5	49
Guinea	3	13	26	57	6	46
Guinea Bissau	1	19	19	79	7	43
Liberia	3	17	26	81	6	45
Mali	3	16	35	86	7	46
Mauritania	1	16	21	95	6	46
Niger	2	16	21	71	8	43
Nigeria	3	22	8	86	5	49
Senegal	3	22	20	89	6	46
Sierra Leone	3	18	28	71	6	49
Togo	7	16	30	97	8	42

Source: PRB (2012; www.prb.org)

Table 3 Under five and maternal mortality indicators and trends in the West African sub-region

	Deaths per 1,000 live births in children under five (Bhutta <i>et al.</i> 2010)				Maternal mortality ratio - Deaths per 100,000 live births (Hogan <i>et al.</i> 2010)							
	1990	2000	2008	Average annual rate of reduction 1990-2008 (%)	1980	1990	2000	2008	Difference between 1980 and 2008	Difference as % of 1980 levels	Difference between 1990 & 2008	Difference as % of 1990 levels
Benin	184	144	121	2.3	829	588	551	469	360	43%	119	20%
Burkina Faso	201	188	169	0.7	541	488	456	332	209	39%	156	32%
Cape Verde					528	229	139	75	453	86%	154	67%
Côte d'Ivoire	150	138	114	1.5	590	580	1116	944	-354	-60%	-364	-63%
Gambia					898	628	396	281	617	69%	347	55%
Ghana	118	111	76	2.4	731	549	538	409	322	44%	140	26%
Guinea	231	185	146	2.5	1140	965	976	860	280	25%	105	11%
Guinea Bissau					1155	966	809	804	351	30%	162	17%
Liberia	219	174	145	2.3	645	729	1055	859	-214	-33%	-130	-18%
Mali	250	217	194	1.4	1125	831	807	670	455	40%	161	19%
Mauritania	129	122	118	0.5	1491	1295	866	712	779	52%	583	45%
Niger	305	227	167	3.3	1083	890	754	601	482	45%	289	32%
Nigeria	230	207	186	1.2	516	473	694	608	-92	-18%	-135	-29%
Senegal	149	131	108	1.8	670	542	491	401	269	40%	141	26%
Sierra Leone	278	252	194	2	1240	1044	1200	1033	207	17%	11	1%
Togo	150	122	98	2.4	600	540	552	447	153	26%	93	17%
Sub-region					683	582	742	629	54	8%	-47	-8%

Source: Bhutta *et al.* (2010) and Hagan *et al.* (2010).